Department of Health & Human Services
Office of the National Coordinator for
Health Information Technology

AHIC Quality Workgroup Meeting

June 30, 2008

Workgroup Discussion: Planning for Future Transition of the Quality Workgroup

DRAFT

Today's goal is to begin discussing and building consensus on the topic of the Quality Workgroup's (QWG) transition

- The AHIC workgroups, including the QWG, are expected to sunset prior to the end of 2008.

- QWG support staff have begun planning efforts on the topic of transition
  - Several gaps in the vision roadmap have been identified to date that could be addressed by the AHIC Successor and/or other organizations.
  - Input from a subset of QWG members was solicited on the topic of transition.

- This slide presentation presents a high-level summary of the gaps identified, and the input received on issues related to ownership of the identified gaps and critical characteristics for potential future owners.

- QWG input is critical to further informing these planning efforts and will be used to inform discussions regarding transition with:
  - HHS
  - AHIC successor
  - Other organizations, as they are identified

- If there are any additional considerations not covered in this presentation that should taken into account, your input on them would be welcome.

Roadmap for Developing the HIT Capabilities to Achieve Quality Workgroup Vision[+]

NOTIONAL DRAFT

Future State Components	2007	2008	2009	2010	2011	2012	2013	2014
Incentives*	P4P/VBP programs in existence	Changes to current payment system	Payment principles established	Consensus reached on payment reform	Payment change/ reform legislated		Payment change/reform implemented	
Measure Set Evolution*	Setting-specific metrics used, NQF Exploring Longitudinal Measures		Consensus-based patient-centric quality metrics field tested		Single set of patient-centric quality metrics used			
Legal Framework* for Data Sharing	HISPC Reports Released	HISPC Implementation Plan Developed	State Agreement on Common Framework					
Data Stewardship		Broad Agreement on Need	Policies & Procedures Developed	Sample HIE Agreements Developed	Stewards Identified / Stewards Certified & Compliance w/ Rules Established			
Patient Record Matching		Multiple methods used; Demos and pilots in place	Technical principles / best practices established		Accountability for Matching Methods Established			
Provider Entity Record Matching		Multiple methods used; Demos and pilots in place	Technical principles / best practices established		Accountability for Matching Methods Established			
Patient Record De-Identification		Multiple Loci for Record De-Identification		Policies / Procedures Established	Policies / Procedures Implemented			
Data Exchange and Aggregation		Limited Aggregation (Highly Claims Data)	Increased Data Aggregation for P4P (Increased use of Clinical Data with Claims Data)	Established Longitudinal Data Aggregation (Multi-Source Patient-Centric Data Used incl. Clinical Data, Claims, and other Sources)				
Quality Data Set		Post Acute Care QDS Established	Inpatient Care QDS Established	Ambulatory Care QDS Established	Hospital Outpatient QDS Established	Patient-Centered Long. QDS Established		
Expanded Data Element Standardization		HITEP Sends HITSP Recommendations	HITSP identifies standards for elements required for quality measurement on ongoing basis		CCHIT incorporates standards for quality measurement into its EHR certification process			
Coding Improvements		Continuous / Ongoing effort to improve coding of diagnosis and treatment						
CDS – Patient & Provider		Non-standard-ized CDS Use / Pilot Studies of standardized CDS Implemented	Best practices for patient-centric CDS established	CCHIT incorporates best practice patient-centric CDS		EHRs w/CDS + other CDS tools certified		

KEY: [Activity]

[+] The vision is continuously evolving as we move closer to it becoming a reality. Accordingly the representations in the diagram, while shown as linear, are also evolving and will require cycles to remain current.

* Potential Accelerant

Summary of Gaps and Input Received

Roadmap Component	Summary of Gap	Feedback on Gap and Potential Ownership of this Area in the Future
Incentives	More understanding of and movement toward new payment and incentive models that promote adoption of interopererable HIT and data sharing for quality improvement	• Incentives should link back to national goals • Government has a critical role in this area • Need a body that can convene the right groups to implement needed pilots and studies and oversee efforts

- Is the gap articulated correctly?
- What other issues are important to consider when thinking about ownership of this issue in the future?
- What characteristics are important for a potential owner for this issue to have?

Summary of Gaps and Input Received

Roadmap Component	Summary of Gap	Feedback on Gap and Potential Ownership of this Area in the Future
Measure Set Evolution	Further research to develop frameworks for measurement of episodes of care, including the interoperability and privacy standards that will allow the exchange of quality data	• Measure set evolution should link back to national priorities and goals • Need a body that understands both the measurement landscape and the standards/health IT landscape • Need a body to coordinate and drive efforts with key players already doing work in this area

- Is the gap articulated correctly?
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Summary of Gaps and Input Received

Roadmap Component	Summary of Gap	Feedback on Gap and Potential Ownership of this Area in the Future
Legal Framework for Data Sharing	Movement toward a credible legal framework for health information exchange that also protects patient privacy and addresses security concerns in accordance with Federal and state laws	• This topic has implication for many domain areas beyond quality improvement (chronic care, public health, etc) • Government has a critical role in this area • Need a body that understands privacy and security concerns and health IT; also understands both policy and technical requirements

• Is the gap articulated correctly?

• What other issues are important to consider when thinking about ownership of this issue in the future?

• What characteristics are important for a potential owner of this issue to have?

Summary of Gaps and Input Received (continued)

Roadmap Component	Summary of Gap	Feedback on Gap and Potential Ownership of this Area in the Future
Data Stewardship	Further work is needed to define the role and business model for data stewardship to better evaluate the utility of a nationwide accreditation process for data stewards and their oversight over data aggregation and analysis	• Need a body to help coordinate and drive both public and private sector efforts in this area • Need that body to help understand the collective lessons learned and best practices from current efforts in this area and to disseminate learning to help move toward guidelines, standards, and principles • Need to move beyond pilots to identifying a data steward entity or an organization to facilitate learning and identification of consensus areas across existing data stewards

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Summary of Gaps and Input Received (continued)

Roadmap Component	Summary of Gap	Feedback on Gap and Potential Ownership of this Area in the Future
Patient and Provider Record Matching	Articulation of the technical and policy requirements for patient and provider entity matching for quality measurement and improvement, and movement toward a system for ensuring accountability for patient and provider entity matching methods	• Need a body or bodies to fund studies, synthesize and disseminate learning to help move towards guidelines, standards, and principles • Could also be closely tied to data stewardship

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Summary of Gaps and Input Received (continued)

Roadmap Component	Summary of Gap	Feedback on Gap and Potential Ownership of this Area in the Future
Patient Record De-Identification	Guidelines for standardization of record de-identification as data is exchanged and aggregated across sites of care	• This is more of a technical issue; whoever takes this on needs to have the an understanding of the technical issues involved • Need a body or bodies to fund studies, synthesize and disseminate learning to help move toward guidelines, standards, and principles • Very closely tied to the topic of data stewardship; whoever takes on one will inherently take on the other

- Is the gap articulated correctly?

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- What characteristics are important for a potential owner of this issue to have?

Summary of Gaps and Input Received (continued)

Roadmap Component	Summary of Gap	Feedback on Gap and Potential Ownership of this Area in the Future
Data Exchange and Aggregation	More research/information and/or pilots are needed to explore approaches for data aggregation and exchange, and to identify the interoperability and privacy standards needed to enable it	• Need a body to help coordinate and drive both public and private sector efforts in this area • Need a body that can help assess shortcomings and benefits of different types of data aggregation and when each type may be preferred • Need that body to help understand the collective lessons learned and best practices from current efforts in this area and to disseminate learning to help move toward guidelines, standards, and principles • This is a topic that will require considerable coordination across many players; it's a very fluid topic at the moment

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Summary of Gaps and Input Received (continued)

Roadmap Component	Summary of Gap	Feedback on Gap and Potential Ownership of this Area in the Future
Expanded Data Element Standardization	Continued standardization of data elements to enable health information exchange and quality measurement and improvement	• Need an entity to coordinate work efforts of all the players already doing work in this area (i.e., to set goals, monitor progress, and stimulate additional activity as needed)

- Is the gap articulated correctly?

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- What characteristics are important for a potential owner of this issue to have?

Summary of Gaps and Input Received (continued)

Roadmap Component	Summary of Gap	Feedback on Gap and Potential Ownership of this Area in the Future
Coding Improvements	Standardization of coding for diagnosis, procedures and billing, which form the basis of determining inclusion and exclusion criteria for quality measures	• If the industry hopes to move towards episodic measurement, new coding systems should be developed to facilitate looking at the patient experience from this view • Unclear who should take this on; it may be numerous bodies depending on who "owns" the coding schemas that may require updating • Need to ensure updates to coding schemas do not slow down financial transactions and that the pros and cons for making updates beyond their implications for quality are understood

- Is the gap articulated correctly?

- What other issues are important to consider when thinking about ownership of this issue in the future?

- What characteristics are important for a potential owner of this issue to have?

Summary of Gaps and Input Received (continued)

Roadmap Component	Summary of Gap	Feedback on Gap and Potential Ownership of this Area in the Future
Clinical Decision Support	Need for increased research on and understanding of the effectiveness of CDS interventions and the interoperability standards and supporting technology required to implement them	• Need a body that understands both CDS and human factor/systems engineering to drive this • Need an entity to coordinate efforts in this area, help to understand the collective lessons learned and best practices from these efforts, and disseminate this information to further advance the topic (including areas where standards are needed)

- Is the gap articulated correctly?
- What other issues are important to consider when thinking about ownership of this issue in the future?
- What characteristics are important for a potential owner of this issue to have?

Additional Comments

- If there are any additional considerations not covered in this presentation that should taken into account, your input on them would be welcome.

- Please send any comments by July 11 to michelle.murray@hhs.gov